

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e	nce with Title	20, Chapter 10, Part 1,	MCA. Sch	hool dist	trict official must complete o	one form for e	ach bus route that
		anoportees of another R		-			Rate Per Mile
Due Dates All Routes			To Count October 1		To OPI October 15		\$0.95
County Name		County Number		District N	Name		Legal Entity Number
Madison		28	1	Alder-L	Jpper Ruby Elem		0536
Route #	Length of F	Route (miles per day)		Type of S	Service ☐ Bus Route Mil		Rated Capacity
1 A	8		l e	Bus Ro	□ Non Bus Milea oute Mileage	age	16
Vehicle I.D. #	Licens	se#		District (Owned C	Contractor C	
7736	C866	3			et - If so, Name of Owner E eted rate per mile	Edward W (Osborn
Reimbursement Distribution- Er	nter the legal		entage of student of the state			aid to each dis	strict. Note: Percentages
Legal Entity	Legal	Entity		egal En		Legal Entit	у
0536							
% 100.00	%			%		%	
PASSENGER INFORMATION							
Number of Preschool/Kindergar	ten pupils	ELEMENTARY (Grades P			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
riding this route		,	,		•	,	
		a			р		C
Regular (include eligible Preschool/h	Kindergarten	NUMBE	:K		NUMBER		a + b
riders) 1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend							
agreement) (Include ineligible Preschool/Kinderd							
Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
We hereby certify that this bus wi							
County Transportation Committee. We agree to supervision of this b	us and bus rou	te by the State Superintend	lent; to make	e such re	ports to the State Superintende	ent and County	Superintendent as are
required; to provide a vehicle which Superintendent; and to provide a lice	ensed, qualifie	d and approved driver to ope	erate such v	ehicle as	required by 20-10-103, MCA.	Highway Patrol	and the State
We also agree to refrain from sol We understand that violations of						olding of state a	nd county reimbursement for
this bus route. We agree that if this route crosse	es district lines	and transports students fror	n outside the	e district,	a copy of the agreement between	een Boards, 20-	10-126(2) MCA, signed by
the school boards of both districts shad we understand route changes of accordance with 20-10-132, MCA.						County Transpo	ortation Committee in
I certify that this application for rous operates on the route as ap							
Signature - Chair, Board of Trustees		ia witiiii tiie tialispoitati	OII SEI VICE	aica as	saigned by the County Hall	Date	minutes.
County 1 This Application for Registration area assigned to it by the County	of School B	us and State Reimburse			accordance with Section 2 viewed and I certify that this		
Signature - Chair, County Transporta						Date	
						l	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordareceives state reimbursement e						omplete one form for	each bus route that
Due Date All Routes		•		ounty Sup ber 1	t To OP Octob		Rate Per Mile \$0.95
County Name			County Number	District	Name		Legal Entity Number
Madison			28	Alder-	-Upper Ruby Ele	em	0536
Route #	Leng	th of Rou	te (miles per day)		f Service Bus F	Route Mileage	Rated Capacity
1	82			Rue E	□ Non I Route Mileage	Bus Mileage	16
Vehicle I.D. #	<u> </u>	License #	<u></u>	ı '	t Owned	Contractor	
7736		C866		□ Contra		Owner Edward W	
Reimbursement Distribution- Er	nter the	e legal ent		e of state/co		t to be paid to each d	istrict. Note: Percentages
Legal Entity 0536		Legal Er		Legal E		Legal En	tity
% 100.00		%		%		%	
PASSENGER INFORMATION			ELEMENTARY RIDE	RS	HIGH SCH	HOOL RIDERS	TOTAL
Number of Preschool/Kindergal riding this route	rten pu	pils	(Grades PK-8)			des 9-12)	ELIGIBLE RIDERS
			a NUMBER		NL	b JMBER	c a+b
Regular (include eligible Preschool/liriders)	Kinderga	arten					
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	d Service	Э					
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	dance						
Nonpublic School Riders (ineligible)		lueis)					
TOTAL RIDERS							
We hereby certify that this bus we County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lice. We also agree to refrain from sole We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts sleed we understand route changes of accordance with 20-10-132, MCA.	We furth bus and limets the meets the ensed, continued the liciting of the laws es distriction	her certify to bus route to the minimum qualified are causing constructs, rules or other tached to	hat this bus transports pupils of the State Superintendent; to standards as established by disproved driver to operate softhers to solicit students from content of the students from content of the students from outs the county superintendent's content of the standard superintendent superintendent's content of the standard superintendent supe	eligible for school make such in the Board of such vehicle a other transportation dide the districtory of this do	nool transportation as of reports to the State Su Public Education, the is required by 20-10-11 tation areas. will be sufficient cause t, a copy of the agreen cument.	defined by 20-10-101, M perintendent and County Montana Highway Patro 03, MCA. e for withholding of state ment between Boards, 20	CA. y Superintendent as are I and the State and county reimbursement for 0-10-126(2) MCA, signed by
I certify that this application for bus operates on the route as application							
Signature - Chair, Board of Trustees						Date	
County This Application for Registration area assigned to it by the Coun	n of Sch	hool Bus					
Signature - Chair, County Transport	•	•				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordant receives state reimbursement ex						one form for ea	ach bus route that		
Due Dates All Routes				county Suprober 1	t To OPI October 15		Rate Per Mile \$1.36		
County Name			County Number	District	Name		Legal Entity Number		
Madison			28		dan Public Schools		0537 0538		
Route #	Length of	Route	(miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity		
1	54	.,,		T .	Route Mileage		65		
Vehicle I.D. # 7197	72	nse #		 □ District Owned □ Contract - If so, Name of Owner □ Contracted rate per mile					
Reimbursement Distribution- En	ter the lega	al entity		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages		
Legal Entity 0537	Leg	al Entity		Legal E		Legal Entit	У		
% 47.00		% 53.	00	%		%			
PASSENGER INFORMATION				76		76			
Number of Preschool/Kindergart riding this route	ten pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS		
			a NUMBER		b NUMBER		c a+b		
Regular (include eligible Preschool/K riders)	Kindergarten		NOMBER		Nomber				
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)									
Non-WC IEP Lists Trans as Related	Service								
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., umiles OR nonresident and no attendagreement) (Include ineligible Preschool/Kinderg	ance	,							
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this bu required; to provide a vehicle which in Superintendent; and to provide a lice. We also agree to refrain from soli We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts show understand route changes oc accordance with 20-10-132, MCA.	We further cous and bus remeets the mensed, qualificiting or cauthe laws, rules district lines all be attach	ertify that oute by t inimum s ied and a sing others or regions and trained to the	this bus transports pupils of the State Superintendent; to transports a established by upproved driver to operate sens to solicit students from culations governing school to unsports students from outs a county superintendent's county superintendent superintend	eligible for schoon make such rong the Board of such vehicle a other transportation dide the distriction opposed this door such was a such that the distriction opposed the such that the	nool transportation as defined by eports to the State Superintend Public Education, the Montana is required by 20-10-103, MCA. tation areas. will be sufficient cause for withh t, a copy of the agreement betwoment.	y 20-10-101, MC, ent and County S Highway Patrol a colding of state and reen Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by		
I certify that this application for rubus operates on the route as ap	0				•	,	•		
Signature - Chair, Board of Trustees					and county fruit	Date			
County T This Application for Registration area assigned to it by the Count	of School	Bus and	d State Reimbursement		accordance with Section as eviewed and I certify that this				
Signature - Chair, County Transporta						Date			



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e								ne form for ea	ach bus route that	
Due Dates		ough tran		-			ces. To OPI		Rate Per Mile	
All Routes				Octobe	inty Supt er 1		October 15		\$1.15	
County Name			County Number		District	Name			Legal Entity Number	
Madison			28		Sherid	lan Public	Schools		0537 0538	
Route #	Leng	th of Rou	ite (miles per day)			Service	Bus Route Mil		Rated Capacity	
3	53				Bue D		Non Bus Milea	ige	53	
Vehicle I.D. #	l	License	#	Bus Route Mileage □ District Owned District Ov						
9811		353			Contrac	ct - If so, Nam cted rate per	ne of Owner			
Reimbursement Distribution- Er	nter the	e legal en					ement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity		Legal Er		st mato	th budget! Legal Er			Legal Entit	v	
0537			0538		5	,			,	
% 47.00	53.00		%			%				
PASSENGER INFORMATION	ELEMENTARY F	RIDER	S	HIGI	H SCHOOL RIE	DERS	TOTAL			
Number of Preschool/Kindergar riding this route	(Grades PK				(Grades 9-12)		ELIGIBLE RIDERS			
	а				b		С			
Regular (include eligible Preschool/h	Kinderga	arten	NUMBER	ર			NUMBER		a + b	
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC)										
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related	l Service	е								
TOTAL ELIGIBLE RIDERS										
Ineligible Public School Riders (i.e., miles OR nonresident and no attend		3								
agreement) (Include ineligible Preschool/Kinderc		iders)								
Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
We hereby certify that this bus wi County Transportation Committee. We agree to supervision of this b required; to provide a vehicle which Superintendent; and to provide a lice We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosse the school boards of both districts sh We understand route changes of accordance with 20-10-132, MCA.	We furth ous and l meets thensed, of liciting of the laws es distriction	her certify bus route the minimu qualified are causing on s, rules or ct lines and during the	that this bus transports purely the State Superintende or standards as established approved driver to oper others to solicit students for regulations governing school of transports students from the county superintendent school year require the file	ipils eligent; to med by the rate such com other cool transcool tr	ible for sch ake such re e Board of I h vehicle as er transport sportation v the district of this doo in amended	ool transportati sports to the St Public Educatic s required by 20 ation areas. will be sufficient , a copy of the sument.	on as defined by ate Superintende on, the Montana I 0-10-103, MCA. It cause for withhous agreement between the provided approval of the	20-10-101, MC nt and County \$ dighway Patrol a blding of state al een Boards, 20- County Transpo	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in	
I certify that this application for rouse operates on the route as ap	proved							sportation Cor		
Signature - Chair, Board of Trustees	6							Date		
County 1 This Application for Registration area assigned to it by the County	n of Sch	hool Bus								
Signature - Chair, County Transports								Date		



Combined School District Application for Registration of School Bus & State Reimbursement

Date

1 copy State Supt. 1 copy County Supt. 1 copy School District

School Year 2003 - 2004 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 Legal Entity Number County Name County Number District Name Madison Sheridan Public Schools 0537 0538 Type of Service ☐ Bus Route Mileage Route # Length of Route (miles per day) Rated Capacity □ Non Bus Mileage 47 52 Bus Route Mileage Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 3491 84 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0537 0538 % % % 47.00 % 53.00 PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS **TOTAL** Number of Preschool/Kindergarten pupils (Grades 9-12) **ELIGIBLE RIDERS** (Grades PK-8) riding this route С **NUMBER** NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee Signature - Chair, Board of Trustees Date County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation

area assigned to it by the County Transportation Committee.

Signature - Chair, County Transportation Committee



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

Due Date: Die Date Die Date	This form is required in accorda							one form for ea	ach bus route that
County Name County Name County Number District Name Legal Entity Number Addison 28 Sheridan Public Schools O537 Type of Service Bus Route Mileage In non Bus Nileage Bus Route Mileage In non Bus Nileage In Non Bus Nileage In Non Bus Nileage Bus Route Mileage In Non Bus Nileage In Non Bus Nileage Bus Route Mileage In Non Bus Nileage In Non Bus Nileage Bus Route Mileage In Non Bus Nileage Bus		-	ansportee	•					Rate Per Mile
Madison Z8									\$0.95
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity A 152 Bus Route Mileage Sa5 Bus Route Mileage Sa5 Bus Route Mileage Sa5 Survival Saturation	County Name		Co	unty Number	District	Name			Legal Entity Number
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity A 152 Bus Route Mileage Sa5 Bus Route Mileage Sa5 Bus Route Mileage Sa5 Survival Saturation	Madison		28	3	Sherio	dan Public	Schools		0537 0538
4984 C868 District Owned Contract or Owned		Length of R				Service	Bus Route Mil		
Vehicle I.D. # License # C868	4	152			Bus R			age	35
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity 0337 Legal Entity 10338 Legal Entity 1033		<u> </u>	e #		•			Contractor C	
Legal Entity 0537 Legal Entity 0538 % 47.00 % 53.00 % % % PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades PK-2) ELIGIBLE RIDERS (Ingrades PK-2) ELIGIBLE RIDERS (Ingrades PK-8) Regular (include eligible Preschool/Kindergarten Int Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Int Wheelchair (WC) Integration of the State	4984	C868						Edward W (Osborn —
Legal Entity	Reimbursement Distribution- Er	nter the legal o	entity num				sement to be pa	aid to each dis	strict. Note: Percentages
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades PH-8) (Grades P	Legal Entity	Legal	Entity	must ma				Legal Entit	у
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades PK-8) (Grades PK-8) (LIGIBLE RIDERS (Grades PK-8) (Grades PK-8) (Grades PK-8) (Grades PK-8) (LIGIBLE RIDERS (Grades PK-8) (Grad	0537		0538						
PASSENGER INFORMATION Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades PK-8) (Grades PK-8) (LIGIBLE RIDERS (Grades PK-8) (Grades PK-8) (Grades PK-8) (Grades PK-8) (LIGIBLE RIDERS (Grades PK-8) (Grad	0/ 47.00	0/	50.00		0/			0/	
Number of Preschool/Kindergarten pupils (Grades PK-8) (Grades PK-8) (Grades PH-2) ELIGIBLE RIDERS (Grades PK-8) (Grades PH-2) ELIGIBLE RIDERS (Grades PK-8) (Grades PH-2) ELIGIBLE RIDERS (Grades PK-8) (Grades PK-8) (Grades PH-2) ELIGIBLE RIDERS (Grades PK-8) (Grades PK		<u></u> %	53.00		%			%	
Requiar (include eligible Preschool/Kindergarten idders) Ist Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (include ineligible Preschool/Kindergarten riders) We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports public eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent, to make such reports to the State Superintendent and County Superintendent as are required; to provide a Nehole which meets the minimum standards as established by the Board of Public Education, the Annaha Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reinbursement for this bus route. We agree that if this route crosses district lines and transports attoents from outside the district, a copy of the agreement between Boands, 20-10-126(2) MCA, signed by the school boa			Е		RS	HIG			
Regular (include eligible Preschool/Kindergarten inders) 1st Wheelchair (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meest the minimum standards as established by the Board of Public Education, the Montana Highway Patriot and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to erfarin from soliciting or causing others to from other transportation areas of the state and county reimbursement for this bus route. We agree to refarin from soliciting or causing others to moustied the distinct, a copy of the superintendent between Boards, 20-10-126(2) MCA, signed by the State Superintendent county in the superintendent is copy of this document. We agree to refarin from soliciting or causing others thom other transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the solve the school boards of both districts shall be attached to the county superintend		ten pupils		(Grades PK-8)			(Grades 9-12))	ELIGIBLE RIDERS
Regular (include eligible Preschool/Kindergarten inders) 1st Wheelchair (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service TOTAL ELIGIBLE RIDERS Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) TOTAL RIDERS We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meest the minimum standards as established by the Board of Public Education, the Montana Highway Patriot and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to erfarin from soliciting or causing others to from other transportation areas of the state and county reimbursement for this bus route. We agree to refarin from soliciting or causing others to moustied the distinct, a copy of the superintendent between Boards, 20-10-126(2) MCA, signed by the State Superintendent county in the superintendent is copy of this document. We agree to refarin from soliciting or causing others thom other transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the solve the school boards of both districts shall be attached to the county superintend				2			h		
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	This Application for Registration	of School Bu	s and Sta	ate Reimbursement h					
								Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e Due Dates All Routes	ven the		oortees of another le		y may utilize the s			Rate Per Mile \$1.15
County Name			County Number		District Name			Legal Entity Number
Madison			28		Twin Bridges	K-12 Schools		0540
Route #	Leng	th of Route	(miles per day)		Type of Service	□ Bus Route Mi		Rated Capacity
3	48				Bus Route M	☐ Non Bus Mile	age	54
Vehicle I.D. #		License #					District Own	
3058		62			Contract - If so, Contracted rate	Name of Owner		
Reimbursement Distribution- Er	nter the	e legal entit		entage of	state/county rein		aid to each dis	strict. Note: Percentages
Legal Entity		Legal Enti		ust match	n budget! Legal Entity		Legal Entit	v
0540		Logai Liia	• 9		Logar Emily		Logar Emil	,
% 100.00		%			%		%	
PASSENGER INFORMATION								_
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY (Grades Pl			HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBE	:R		b NUMBER		c a + b
Regular (include eligible Preschool/kriders)	Kinderga	arten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	е						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance							
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this be required; to provide a vehicle which Superintendent; and to provide a lick We also agree to refrain from sol We understand that violations of this bus route. We agree that if this route crosses the school boards of both districts of We understand route changes of accordance with 20-10-132, MCA. I certify that this application for the bus operates on the route as apsignature - Chair, Board of Trustees.	We furth us and meets to ensed, conciting of the laws es districted and be accurring eregistra oproved.	her certify the bus route by the minimum qualified and or causing oft s, rules or re ct lines and to tattached to the during the s	at this bus transports p the State Superintend standards as establish approved driver to ope ners to solicit students is gulations governing sci transports students from the county superintende chool year require the	pupils eligible eligi	ble for school transpike such reports to the Board of Public Ed vehicle as required transportation area cortation will be sufficiently the district, a copy of this document, amended TR-1 for ment is true and of the sufficient true and of	portation as defined by the State Superintendoucation, the Montana I by 20-10-103, MCA. as. ficient cause for withhof the agreement betwom and approval of the complete to the bes	y 20-10-101, MC, ent and County S Highway Patrol a colding of state an een Boards, 20- e County Transports of my knowle	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by ortation Committee in edge and belief, and the
County 1 This Application for Registration			ommittee Approva					
area assigned to it by the Count	ty Tran	sportation		ont nas	Sour Forlowed (and rooting that this		
Signature - Chair, County Transport	ation Co	ommittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e						one form for ea	ach bus route that
Due Date : All Routes				County Suprober 1	t To OPI October 15		Rate Per Mile \$1.36
County Name			County Number	District	Name		Legal Entity Number
Madison			28	Twin I	Bridges K-12 Schools		0540
Route #	Length	of Route (miles per day)	Type of	f Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity
2	79			Bus R	Route Mileage		60
Vehicle I.D. #	Lic	cense #		□ District	Owned [oct - If so, Name of Owner	District Own	ed
9089	10	0			cted rate per mile		
Reimbursement Distribution- Er	nter the le	egal entity		e of state/conatch budget		aid to each dis	trict. Note: Percentages
Legal Entity 0540	Le	egal Entity		Legal E		Legal Entit	у
0540							
% 100.00		%		%		%	
PASSENGER INFORMATION			ELEMENTARY RID	EDC	HIGH SCHOOL RI	IDEBS	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils	s	(Grades PK-8)	LNO	(Grades 9-12		ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/liriders)	Kindergarte	en	HOWBER		HOMBER		u · b
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	Service						
TOTAL ELIGIBLE RIDERS							
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)	lance	rs)					
TOTAL RIDERS							
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Signature - Chair, board of Trustees	•					Date	
County This Application for Registration area assigned to it by the County	of School	ol Bus and	State Reimbursement		accordance with Section 2 eviewed and I certify that this		
Signature - Chair, County Transport	ation Comr	mittee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	nce with Title 2	20, Chapter 10, Part 1, MCA	. School dis	trict official must complete o	ne form for ea	ch bus route that
receives state reimbursement e		nsportees of another legal e	entity may utii	ize the services.	F	Rate Per Mile
Due Date All Routes			ounty Supt ober 1	To OPI October 15	\$	51.36
County Name		County Number	District N	Name		Legal Entity Number
Madison		28	Twin B	ridges K-12 Schools		0540
Route #	Length of Ro	ute (miles per day)		Service Bus Route Mile	•	Rated Capacity
1	78		Bus Ro	□ Non Bus Milea oute Mileage	ige	60
Vehicle I.D. #	License	: #	□ District		istrict Owne	
3494	007			et - If so, Name of Owner eted rate per mile		
Reimbursement Distribution- Er	iter the legal e	ntity number and percentage			aid to each dist	rict. Note: Percentages
Legal Entity 0540	Legal E	must m	atch budget! Legal En		Legal Entity	
% 100.00	%		%		%	
PASSENGER INFORMATION			-De	LIICH CCHOOL DIE)EDC	TOTAL
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RIE (Grades 9-12)	-	TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/liriders)	Kindergarten	NOMBER		Nomber		u v
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kindero Nonpublic School Riders (ineligible)	ance					
TOTAL RIDERS						
We hereby certify that this bus will County Transportation Committee. We agree to supervision of this big required; to provide a vehicle which Superintendent; and to provide a lick. We also agree to refrain from sol we understand that violations of this bus route. We agree that if this route crosses the school boards of both districts of the word of the word of the word of the conditions of the conditions of the school boards of both districts of the school boards of both districts of the conditions with 20-10-132, MCA. I certify that this application for the bus operates on the route as a Signature - Chair, Board of Trustees	We further certify us and bus route meets the minim ensed, qualified a citing or causing the laws, rules o s district lines ar all be attached to curring during the registration of suproved by and	that this bus transports pupils of by the State Superintendent; to um standards as established by and approved driver to operate so others to solicit students from or regulations governing school to the county superintendent's cope school year require the filing of school bus and state reimbu	eligible for school make such record make such record the sound of Fouch vehicle as their transportation wide the district, opp of this docupt of an amended resement is true.	pol transportation as defined by ports to the State Superintende Public Education, the Montana Frequired by 20-10-103, MCA. ation areas. will be sufficient cause for withhout a copy of the agreement between the transport of the TR-1 form and approval of the use and complete to the best	20-10-101, MCA nt and County Si dighway Patrol ai elding of state and een Boards, 20-1 County Transpor	uperintendent as are nd the State d county reimbursement for 0-126(2) MCA, signed by relation Committee in dge and belief, and the
County This Application for Registration		n Committee Approval as and State Reimbursement				
area assigned to it by the Count	y Transportati	on Committee.	ao bodii ie		·	main the transportation
Signature - Chair, County Transport	ation Committee				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in as	acardonae wit	h Title 20	Chanter 10 Part 1 MCA	Cabaal di	atriat afficial must complete	one form for a	ach hua route that	
receives state reimbursen					strict official must complete illize the services.			
	Dates:			ounty Supt			Rate Per Mile	
All R	Routes		Octo	ber 1	October 15		\$0.95	
County Name			County Number	District	Name		Legal Entity Number	
Madison			28	Twin I	Bridges K-12 Schools		0540	
Route #	Lengt	th of Rout	e (miles per day)	Type of Service ☐ Bus Route Milea ☐ Non Bus Mileag			Rated Capacity	
4	64		Bus Route Mileage			age	48	
Vehicle I.D. #		License #	se # District Owned Dis				ed	
7763		2512			ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution	on- Enter the	legal enti			unty reimbursement to be p	aid to each dis	trict. Note: Percentages	
Legal Entity		Legal Ent		atch budget Legal E		Legal Entit	у	
0540								
% 100.00		%		%		%		
PASSENGER INFORMATION								
Number of Preschool/Kind	dergarten pup	oils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
riding this route								
			a NUMBER		b NUMBER		c a + b	
Regular (include eligible Pres riders)	school/Kinderga	arten						
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as F	Related Service	•						
TOTAL ELIGIBLE RIDER	RS							
Ineligible Public School Rider miles OR nonresident and no								
agreement) (Include ineligible Preschool/l	Kindergarten rid	ders)						
Nonpublic School Riders (ine	ligible)							
TOTAL RIDERS								
					Listees and within the transportation as defined by			
					eports to the State Superintend Public Education, the Montana			
We also agree to refrain fr	om soliciting or	r causing ot	thers to solicit students from o	ther transport				
this bus route.				·	will be sufficient cause for withh	· ·	,	
We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.								
We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the								
, , , , , , , , , , , , , , , , , , , ,	•				rue and complete to the bes ssigned by the County Tran	•	•	
Signature - Chair, Board of Trustees Date								
Со	unty Transp	ortation (Committee Approval as i	equired in	accordance with Section	 20-10-132, MC	A.	
	tration of Sch	nool Bus a	and State Reimbursement		eviewed and I certify that this			
Signature - Chair, County Tra						Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement ex						ach bus route that
Due Dates All Routes			county Suprober 1	t To OPI October 15		\$0.95
County Name		County Number	District	Name		Legal Entity Number
Madison		28		on K-12 Schools		0543
Route #	Length of Route	e (miles per day)	Type of	F Service □ Bus Route Mi □ Non Bus Mile	•	Rated Capacity
2	80		T '	toute Mileage	J	41
Vehicle I.D. # 3490	License #			: Owned l ct - If so, Name of Owner cted rate per mile	District Own	ed
Reimbursement Distribution- En	ter the legal enti		e of state/co	unty reimbursement to be p	aid to each dis	trict. Note: Percentages
Legal Entity 0543	Legal Ent		Legal E		Legal Entit	у
% 100.00	%		%		%	
PASSENGER INFORMATION	70				70	
Number of Preschool/Kindergar riding this route	ten pupils	ELEMENTARY RIDE (Grades PK-8)	ERS	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/kiriders)	Kindergarten	HOMBER		HOMBER		u · b
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., miles OR nonresident and no attend agreement) (Include ineligible Preschool/Kinderg	ance					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
We hereby certify that this bus wi County Transportation Committee. \ We agree to supervision of this bi required; to provide a vehicle which i Superintendent; and to provide a lice We also agree to refrain from soli We understand that violations of it his bus route. We agree that if this route crosse the school boards of both districts sh We understand route changes oc accordance with 20-10-132, MCA.	We further certify thus and bus route by meets the minimum ensed, qualified and citing or causing of the laws, rules or rest s district lines and the label be attached to the substantial of the substantial be attached to the substantial subst	at this bus transports pupils of the State Superintendent; to a standards as established by a approved driver to operate shers to solicit students from conductions governing school to transports students from outs the county superintendent's conductions.	eligible for schoon make such rong the Board of such vehicle a bother transportation wide the distriction opy of this do	nool transportation as defined by eports to the State Superintend Public Education, the Montana is required by 20-10-103, MCA tation areas. will be sufficient cause for withhat, a copy of the agreement betwoursent.	y 20-10-101, MC, ent and County S Highway Patrol a colding of state and reen Boards, 20-	A. Superintendent as are and the State and county reimbursement for 10-126(2) MCA, signed by
I certify that this application for r bus operates on the route as ap	0			•	,	•
Signature - Chair, Board of Trustees					Date	
County T This Application for Registration area assigned to it by the Count	of School Bus a	nd State Reimbursement		accordance with Section eviewed and I certify that this		
Signature - Chair, County Transporta					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda	ince wit	h Title 20, 0	Chapter 10, Part 1, MCA	. School di	strict officia	I must complete o	ne form for e	ach bus route that
receives state reimbursement e	ven tho	ough transp	ortees of another legal e	ntity may u	tilize the se	rvices.		Rate Per Mile
Due Dates All Routes				ounty Sup	t	To OPI October 15		\$0.95
7 III Nodico	,					COLODEI 10		
County Name			County Number	District	Name			Legal Entity Number
Madison			28		on K-12			0543
Route #	Lengt	th of Route	(miles per day)	Type o		☐ Bus Route Mile☐ Non Bus Milea	-	Rated Capacity
1	85			Bus F	Route Mile	eage		16
Vehicle I.D. #		License #		☐ Distric		D ame of Owner	istrict Own	ed
3908		145			cted rate pe			
Reimbursement Distribution- Er	nter the	legal entity		e of state/co		ursement to be pa	id to each dis	strict. Note: Percentages
Legal Entity		Legal Entity		Legal E			Legal Entit	ty
0543								
% 100.00		%		%			%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar	ten pup	oils	ELEMENTARY RIDE (Grades PK-8)	ERS	HI	IGH SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route								
			а			р		C
Regular (include eligible Preschool/l	Kinderga	arten	NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service	:						
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e.,	under 3							
miles OR nonresident and no attend agreement)	lance							
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ders)						
TOTAL RIDERS								
We hereby certify that this bus will County Transportation Committee.								
We agree to supervision of this b required; to provide a vehicle which	meets th	ne minimum s	standards as established by	the Board of	Public Educa	ation, the Montana H	,	•
Superintendent; and to provide a lice We also agree to refrain from sol	iciting or	causing other	ers to solicit students from o	ther transpo	tation areas.	•		
We understand that violations of this bus route.								
We agree that if this route crosse the school boards of both districts sh	hall be at	ttached to the	e county superintendent's co	opy of this do	cument.	J		
We understand route changes of accordance with 20-10-132, MCA.	ccurring	during the sc	hool year require the filing o	ot an amende	d TR-1 form	and approval of the	County Transpo	ortation Committee in
I certify that this application for the bus operates on the route as application for the second seco								
Signature - Chair, Board of Trustees		. ,			- J.:		Date	
	T					a with O and	0.40.400.111	\ <u>\</u>
This Application for Registration	of Sch	nool Bus and						
area assigned to it by the Count Signature - Chair, County Transport			Committee.				Date	
,								



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement events.							one form for e	ach bus route that
	· ·	iranspe	· ·	, ,				Rate Per Mile
Due Dates All Routes				ounty Sup ber 1	I	To OPI October 15		\$1.36
County Name			County Number	District	Name			Legal Entity Number
Madison			28	Harris	on K-12 S	Schools		0543
Route #	Length of F	Route	(miles per day)	Type of		□ Bus Route Mi		Rated Capacity
3	33			Bus R	oute Mile	□ Non Bus Mile age	age	62
Vehicle I.D. #	Licen	se#		□ District	Owned		District Owr	ned
8322	67				ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement Distribution- En	ter the legal	entity		e of state/co		rsement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	I Entity		Legal E			Legal Enti	ty
0543								
% 100.00	%	,		%			%	
PASSENGER INFORMATION	,,						,~	
Number of Preschool/Kindergar	ten pupils		ELEMENTARY RIDE (Grades PK-8)	RS	HIG	GH SCHOOL RI Grades 9-12)		TOTAL ELIGIBLE RIDERS
riding this route			(5.5555.1.5)			(,	
			а			b		С
Regular (include eligible Preschool/k	(indergarten		NUMBER			NUMBER		a + b
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., miles OR nonresident and no attend								
agreement) (Include ineligible Preschool/Kinderg	arten riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by								A. Superintendent as are and the State nd county reimbursement for
the school boards of both districts sh We understand route changes of accordance with 20-10-132, MCA.						and approval of the	County Transp	ortation Committee in
I certify that this application for r bus operates on the route as ap								
Signature - Chair, Board of Trustees		iid Will	are transportation se	THO AICE E	looigillou by	and Oddnity Irali	Date	
			-					
County T This Application for Registration area assigned to it by the Count	of School B	Bus and						
Signature - Chair, County Transporta			-				Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accorda receives state reimbursement e							one form for e	each bus route that
Due Dates: All Routes				To County Supt To OPI October 1				Rate Per Mile \$1.57
County Name	County Number District Name			Name		Legal Entity Number		
Madison			28 Ennis K-12 Schools			K-12 Schools		0546
Route #	Leng	th of Route	e (miles per day)		Type of	f Service □ Bus Route M □ Non Bus Mile		Rated Capacity
2	82				Bus R	Coute Mileage	aye	78
Vehicle I.D. #		License #			District		District Owr	ned
3517		282				ct - If so, Name of Owner cted rate per mile		
Reimbursement Distribution- Er	nter the	e legal entit			f state/co h budget		aid to each di	strict. Note: Percentages
Legal Entity 0546		Legal Ent			Legal E		Legal Enti	ty
0340								
% 100.00		%			%		%	
PASSENGER INFORMATION			ELEMENTA DV D	IDED(LUQUI GOLIGOL B	IDEDO	TOTAL
Number of Preschool/Kindergar riding this route	ten pu	pils	ELEMENTARY RI (Grades PK-8		5	HIGH SCHOOL R (Grades 9-12		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a+b
Regular (include eligible Preschool/liriders)	Kinderga	arten	NOWBER			HOMBER		u · b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)								
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		iders)						
TOTAL RIDERS								
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This Application for Registration area assigned to it by the Count	of Sch ty Tran	hool Bus and sportation	nd State Reimburseme			accordance with Section eviewed and I certify that thi	s bus operate	
Signature - Chair, County Transport	ation Co	ommittee					Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

								-		
	nbursement ev	en thoug		Chapter 10, Part 1, MCA ortees of another legal of	entity may ut	ilize the servi	ces.	one form for e	ach bus route that Rate Per Mile	
	Due Dates All Routes): -			County Suprober 1		To OPI October 15		\$0.95	
County Name				County Number	District Name				Legal Entity Number	
Madison				28	Ennis	K-12 Scho	ools		0546	
Route #		Length	of Route	(miles per day)		Service	Bus Route Mil	-	Rated Capacity	
6		54			Bus R	oute Milea	Non Bus Milea ge	ige	16	
Vehicle I.D. #		Lic	cense #		□ District			istrict Own	ied	
1424		44	1			ct - If so, Nan cted rate per				
Reimbursement D	istribution- En	ter the le	gal entity		e of state/co		sement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity		Le	egal Entity		Legal E			Legal Entit	ty	
0546										
% 100.00)		%		%			%		
PASSENGER INF	ORMATION					1				
Number of Presch riding this route	ool/Kindergart	ten pupils	8	ELEMENTARY RIDI (Grades PK-8)	ERS	HIG	H SCHOOL RII (Grades 9-12)		TOTAL ELIGIBLE RIDERS	
				а			b		C .	
Regular (include elig	ible Preschool/K	(indergarte	en	NUMBER NUM			NUMBER		a+b	
riders) 1st Wheelchair (WC))									
2nd Wheelchair (WC	·)									
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Tr	rans as Related	Service								
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)			rs)							
Nonpublic School Ric	ders (ineligible)									
TOTAL RIDERS										
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.										
I certify that this a	oplication for re			ool bus and state reimbu					edge and belief, and the	
Signature - Chair, Bo		Proved D	y aria Will	mi ine iransportation se	or vioc arca d	ooigiicu by li	o County Halls	Date	n Committee.	
	County T	ransport	tation Co	ommittee Approval as	required in	accordance	with Section 2	0-10-132. MC	 CA.	
This Application for area assigned to it	r Registration	of School	ol Bus and	d State Reimbursement					s within the transportation	
Signature - Chair, Co	ounty Transporta	ation Comr	mittee					Date		



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is required in accordar receives state reimbursement ev						one form for ea	ach bus route that	
Due Dates	ŭ	i ipania a anamon	Ü	inty Supf		Rate Per Mile		
All Routes	October 1			October 15		\$1.15		
County Name		County Number	er	District	Name		Legal Entity Number	
Madison		28		Ennis	K-12 Schools		0546	
Route #	Length of R	Route (miles per day)		Type of	Service Bus Route Mil	-	Rated Capacity	
5	172			Bus R	□ Non Bus Milea Loute Mileage	□ Non Bus Mileage ileage 53		
Vehicle I.D. #	Licens	se #		District	Owned	District Own	ed	
7632	139				ct - If so, Name of Owner cted rate per mile			
Reimbursement Distribution- En	ter the legal		centage o			aid to each dis	strict. Note: Percentages	
Legal Entity	Legal	Entity	mast mate	Legal E		Legal Entit	у	
0546								
% 100.00	%			%		%		
PASSENGER INFORMATION			N/ DISSE			DEDO		
Number of Preschool/Kindergart riding this route	en pupils	ELEMENTAR (Grades		S	HIGH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
		а			b		C	
Regular (include eligible Preschool/K	indergarten	NUMBER			NUMBER		a + b	
riders) 1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., umiles OR nonresident and no attende								
agreement) (Include ineligible Preschool/Kinderg	arten riders)							
Nonpublic School Riders (ineligible)								
TOTAL RIDERS								
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees								
This Application for Registration	of School Bu	us and State Reimburs			accordance with Section 2 eviewed and I certify that this			
area assigned to it by the Count Signature - Chair, County Transporta				Date				



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

receives state reimbursement e Due Dates All Routes		ortees of another leg		utilize the se			Rate Per Mile \$1.15		
County Name			County Number	Distri	ct Name			Legal Entity Number	
Madison			28	Enn	is K-12 Sc	hools		0546	
Route #	Length	of Route	(miles per day)	Туре		☐ Bus Route Mil☐ Non Bus Miles		Rated Capacity 54	
Vehicle I.D. #	<u> </u>	cense #		1 .	rict Owned	_	District Own		
6443	20	67			tract - If so, N tracted rate p	lame of Owner er mile			
Reimbursement Distribution- Er	nter the le	egal entity				ursement to be pa	aid to each dis	trict. Note: Percentages	
Legal Entity	Le	egal Entity		st match budg Legal	jet! Entity		Legal Entit	у	
0546									
% 100.00		%		%			%	%	
PASSENGER INFORMATION			ELEMENTARY R	PIDEDS	Т ц	IGH SCHOOL RI	DERS	TOTAL	
Number of Preschool/Kindergar riding this route	Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDEF (Grades PK-8)		(Grades 9-12			ELIGIBLE RIDERS	
			a NUMBER		b NUMBER			c a + b	
Regular (include eligible Preschool/Kindergarten riders)									
1st Wheelchair (WC)									
2nd Wheelchair (WC)									
Additional Wheelchairs (WC)	Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related									
TOTAL ELIGIBLE RIDERS									
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement) (Include ineligible Preschool/Kindergarten riders)									
Nonpublic School Riders (ineligible)									
TOTAL RIDERS									
We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the									
bus operates on the route as ap	proved b						sportation Cor		
Signature - Chair, Board of Trustees							Date		
County This Application for Registration area assigned to it by the County	of School	ol Bus and							
Signature - Chair, County Transportation Committee Date									



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

				Chapter 10, Part 1, MCA ortees of another legal e					one form for ea	ach bus route that
Due Dates: All Routes				To C	•	ty Supt		To OPI October 15		Rate Per Mile \$0.95
	All Nodics							October 15		
County Name				County Number	[District	Name			Legal Entity Number
Madison				28		_	K-12 Sch			0546
Route #		Length of	Route	(miles per day)	-	Type of		□ Bus Route Mi□ Non Bus Mile		Rated Capacity
3		88				Bus R	oute Mile		aye	48
Vehicle I.D. #	•	Licer	nse#		_		Owned		District Own	ed
5199		40					ct - If so, Na cted rate pe	ame of Owner er mile		
Reimbursement Di	istribution- Ente	er the lega	l entity					ursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 0546		Lega	al Entity	must m		budget Legal E			Legal Entit	у
% 100.00		%	0		<u>_</u>	%			%	
PASSENGER INF	ORMATION			ELEMENTARY RIDE	ERS		Н	GH SCHOOL RI	DERS	TOTAL
Number of Preschoriding this route	ool/Kindergarte	en pupils		(Grades PK-8)				(Grades 9-12		ELIGIBLE RIDERS
	a				b				c .	
Regular (include eligi	ble Preschool/Kir	ndergarten		NUMBER				NUMBER		a + b
riders) 1st Wheelchair (WC)										
2nd Wheelchair (WC))									
Additional Wheelchairs (WC)										
Non-WC IEP Lists Trans as Related Service										
TOTAL ELIGIBLE	RIDERS									
Ineligible Public Scho										
agreement) (Include ineligible Pre										
Nonpublic School Ric		irteri riders)								
TOTAL RIDERS										
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this bus route.			_						_	nd county reimbursement for
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I certify that this ap	plication for re									edge and belief, and the
Signature - Chair, Bo		noved by a	ırıu Witi	nin the transportation se	VICE	area a	ssigned by	me County Tran	Date Date	mmillee.
					_					
This Application to				mmittee Approval as a						A. within the transportation
area assigned to it	by the County	Transport	ation C							
Signature - Chair, Co	unty Transportati	ion Committ	tee						Date	



Combined School District Application for Registration of School Bus & State Reimbursement School Year 2003 - 2004

This form is requir	ed in accordan	ce with Title	e 20, C	Chapter 10, Part 1, MCA	A. School d	istrict official	must complete of	one form for e	ach bus route that	
receives state rein	Due Dates: All Routes	-	transpo		entity may u County Supober 1		To OPI October 15		Rate Per Mile \$0.95	
County Name				County Number	Distric	Name			Legal Entity Number	
Madison				28	Ennis	K-12 Sch	nools		0546	
Route #		Length of I	Route	(miles per day)	Type o		□ Bus Route Mil□ Non Bus Milea	•	Rated Capacity	
4		95			Bus F	Route Mile	age	J	48	
Vehicle I.D. #		Licen	se#		☐ Distric		ame of Owner	District Owned		
1496		66			□ Contra	acted rate pe	er mile			
Reimbursement D	istribution- Ent	er the legal	entity		e of state/clatch budge		rsement to be pa	aid to each dis	strict. Note: Percentages	
Legal Entity 0546		Lega	l Entity		Legal I			Legal Entit	ty	
% 100.00)	%)		%			%		
PASSENGER INF	ORMATION	_				1				
Number of Presch riding this route	ool/Kindergarte	en pupils		ELEMENTARY RIDE (Grades PK-8)	ERS	HIG	GH SCHOOL RI (Grades 9-12		TOTAL ELIGIBLE RIDERS	
				a NUMBER		b NUMBER			C C	
Regular (include elig	ible Preschool/Ki	indergarten		NUMBER			NUMBER		a + b	
1st Wheelchair (WC))									
2nd Wheelchair (WC)										
Additional Wheelcha	irs (WC)									
Non-WC IEP Lists Trans as Related Service										
TOTAL ELIGIBLE	RIDERS									
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement)										
(Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)										
TOTAL RIDERS										
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	Country	rononoutci	ion C-	ammittaa Annuaval	roquired !-	0000404	o with Cooting (20 40 422 844	`^	
area assigned to it	or Registration of the thick the thi	of School E Transport	Bus and ation C					bus operates	s within the transportation	
Signature - Chair, County Transportation Committee Date										